

NAME OF THE HOSPITAL: \_\_\_\_\_

18). Laryngo Fissurectomy: S2B2.3

1. Name of the Procedure: Laryngo Fissurectomy

2. Indications: Laryngeal fissure

3. Does the patient presented with stridor, change in voice, hemoptysis: Yes/No

4. If the answer to question 3 is Yes then whether CT scan has been done: Yes/No (Upload report)

For Eligibility for Laryngo Fissurectomy the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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